

IDENTIFICATION NUMBER		REQUEST FOR INFORMATION							
SOCIAL SECURITY, ACCOUNT, BOAC, GBL, GTR, PURCHASE ORDER, ETC.		AGENCY CODE (2)	FOR OFM/NFC USE ONLY				ACCT. STATION/ PERSONNEL OFFICE IDENTIFIER (4)		
			INQUIRY CODE (3)	REPLY CODE (2)	DATE REC'D. (6)	DATE COMP. (6)		CLERK CD. (2)	
<input type="checkbox"/>	IDENTIFICATION REQUESTED. PLEASE FURNISH COPY.	NAME (Employee, Vendor, Traveler, Cashier, Claimant, Casual)						SCHEDULE/PP NO.	
INSTRUCTIONS									
Check type inquiry and information requested. If information requested is not described below, check type inquiry and briefly describe information requested in the "Other" block. Always attach a copy of the source document pertaining to the inquiry for identification and follow-up.									
TYPE INQUIRY		INFORMATION REQUESTED							
<input type="checkbox"/>	Salary/ Allowance	<input type="checkbox"/> W-2 FOR TAX YEAR		<input type="checkbox"/> PAYROLL LISTING FOR YEAR(S)		<input type="checkbox"/> CASUAL TIME		<input type="checkbox"/> UNIFORM	<input type="checkbox"/> OTHER (Explain Below)
<input type="checkbox"/>	Check/Bond	<input type="checkbox"/> NON-RECEIPT (Check one)		<input type="checkbox"/> BOND					
<input type="checkbox"/>	Travel Voucher/Advance	<input type="checkbox"/> RECONCILE, AGENCY BALANCE IS:		<input type="checkbox"/> PAYMENT STATUS OF TRAVEL VOUCHER/ADVANCE		<input type="checkbox"/> NON- RECEIPT		<input type="checkbox"/> DATE OF ADVANCE OR PERIOD OF TRAVEL	
<input type="checkbox"/>	FEDSTRIP Motor Pool	<input type="checkbox"/> STATUS							
<input type="checkbox"/>	GBL/GTR/CBL	<input type="checkbox"/> STATUS							
<input type="checkbox"/>	Imprest Fund	<input type="checkbox"/> STATUS OF FORM NUMBER		<input type="checkbox"/> NON-RECEIPT OF PAYMENT		<input type="checkbox"/> FURNISH (SUB)VOUCHERS FOR AUDIT PERIOD			
<input type="checkbox"/>	Telephone/ Utilities	<input type="checkbox"/> MASTER FILE ERROR		<input type="checkbox"/> NON-RECEIPT OF PAYMENT					
<input type="checkbox"/>	Purchase Order (AD-838)	<input type="checkbox"/> STATUS							
<input type="checkbox"/>	Over-the-Counter Purchase (AD-744)	<input type="checkbox"/> STATUS							
<input type="checkbox"/>	Misc. Pay	<input type="checkbox"/> STATUS							
<input type="checkbox"/>	Gasoline Credit Card	<input type="checkbox"/> REQUEST FOR MASTER FILE		<input type="checkbox"/> NON-RECEIPT OF CREDIT CARD					
<input type="checkbox"/>	Billings/ Collections	<input type="checkbox"/> STATUS		<input type="checkbox"/> BILL NUMBER		<input type="checkbox"/> APPLICANT/DEBTOR NUMBER		<input type="checkbox"/> DOCUMENT NUMBER	
<input type="checkbox"/>	CAS/Agency Reporting	<input type="checkbox"/> TYPE REPORT				<input type="checkbox"/> REPORT DATE			
<input type="checkbox"/>	OTHER (If more space is required, add additional sheet(s).)								
NFC REPLY									
MAIL REPLY TO:						AUTHORIZED SIGNATURE			
AGENCY						TITLE			
NAME						PHONE (Area Code and number)			
AND						DATE			
ADDRESS									